

Application for the Individual Student- Occurrence Form

If you have questions, please call NASW Assurance Services: 855-385-2160

**In a hurry? Apply online at <http://naswasi.cphins.com>
Save 5% off your premium & receive proof of coverage in minutes!**

For Office Use Only:

Approved: _____

Effective Date: _____


SECTION 1: APPLICANT INFORMATION		
Name	Residence Phone	
Attn/Address 2	Business Phone	
Street	Fax	
City State Zip	Email	
NASW Member Number		

Check ONE Method for Delivery of Policy documents: Email Fax Mail

SECTION 2: QUALIFICATION QUESTIONS		
1. Have you ever been refused coverage for professional liability or malpractice insurance or has your or any of your employees & students' malpractice or professional liability insurance ever been canceled or declined for renewal (non-renewed)?	Yes [†] <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been convicted of a misdemeanor or felony?	Yes [†] <input type="checkbox"/>	No <input type="checkbox"/>
3. Has any claim or suit ever been brought against you for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or suit?	Yes [†] <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been accused of sexual misconduct or any professional impropriety?	Yes [†] <input type="checkbox"/>	No <input type="checkbox"/>
5. Have any complaints ever been filed against you with a peer review committee or an ethics committee of a professional association, hospital, health care facility, or any other governmental or private entity?	Yes [†] <input type="checkbox"/>	No <input type="checkbox"/>
<small>[†]If your answer to any of the questions is "Yes", please provide a detailed explanation on a separate sheet and any pertaining documentation from a licensing board, ethics committee, professional association, or health care facility (i.e. complaint, dismissal letter, consent agreement or pertinent court documents).</small>		

SECTION 3: PROFESSIONAL LIABILITY RATES & LIMITS

**Limits of Liability: \$1 Million *occurrence* /\$5 Million *aggregate*
Premium: \$15 per year**

SECTION 4: TOTAL YOUR ANNUAL PREMIUM		
1. Annual Premium:	\$15	 Optional Coverage If you have Additional Insureds such as a supervisor, school, or internship site, provide name(s) and address(es) on a <u>separate piece of paper</u> . Add \$25 to your total for each additional insured
2. Add additional insured total: (see description at right) if applicable ___ # of additional insureds x \$25		
TOTAL PAYMENT DUE: (if no additional insureds added, total will be \$15):		
CONFIRM: PLEASE READ, SIGN, AND DATE		

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. The signing of this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act.

Signature of Named Insured _____

Today's Date _____

Desired Effective Date _____

PAYMENT: SUBMIT AND SEND

Mail With Check or Money Order To:
CPH and Associates - 711 S. Dearborn Street, Suite 205 - Chicago, IL 60605

Office Hours:

CPH & Associates Office Hours: (listed hours are Central Time)
 Monday & Friday: 8:30 am to 5:00 pm Email: sw@cphins.com Fax: 312-987-0902
 Tuesday thru Thursday: 8:30 am to 9:00 pm
 Saturday: 10:00 am to 5:00 pm
 To make a payment, or confirm receipt of a fax 5 minutes after faxing, please call 800-875-1911

For additional information and online applications:

<http://naswasi.cphins.com>

For Office Use Only: Additional Notes